SECRETARY OF THE SENATE

FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)	****		***				·
(a) Hamo of Carlaidate (in fail)							
Mr. Joseph Simon Donnelly							
• • •	ddress (number and street) X Check if address changed			n Number			
PO Box 1961 (c) City, State and ZIP Code			H4IN02101 3. Is This				
South Bend	IN	46634	Statement	☐ New (N)	OR		Amended (A)
4. Party Affiliation	5. Office Sought		istrict of Candida		On		(^)
DEMOCRATIC PARTY	Senate		0				
[DESIGNATION OF PR	INCIPAL CAMPAIG	N COMMITTE	Ε			
7. I hereby designate the following name:	med political committee as my P	rincipal Campaign Committe		2012 ar of election	_ electio	on(s).	
NOTE:This designation should	be filed with the appropriate	office listed in the instruc	tions.				
(a) Name of Committee (in full))						
Donnelly for Indiana							
(b) Address (number and stree	rt)						
1050 17th St NW Ste 590							
(c) City, State and ZIP Code							
144							
Washington [8.1 hereby authorize the following name		oint Fundraising Represer	tatives)		s on beh	alf of m	y
8. I hereby authorize the following nam candidacy. NOTE:This designation should	DESIGNATION OF OT (Including Jo ned committee, which is NOT m	HER AUTHORIZED pint Fundraising Represer by principal campaign commit	tatives)		s on beh	ali of m	у
8. I hereby authorize the following nam candidacy.	DESIGNATION OF OT (Including Jo ned committee, which is NOT m	HER AUTHORIZED pint Fundraising Represer by principal campaign commit	tatives)		s on beh	alf of m	y
8. I hereby authorize the following nam candidacy. NOTE:This designation should	DESIGNATION OF OT (Including Joined committee, which is NOT multiple) the filed with the principal car	HER AUTHORIZED pint Fundraising Represer by principal campaign commit	tatives)		s on beh	alf of m	y
8. I hereby authorize the following name candidacy. NOTE:This designation should (a) Name of Committee (in full)	DESIGNATION OF OT (Including Joined committee, which is NOT multiple) the filed with the principal car	HER AUTHORIZED pint Fundraising Represer by principal campaign commit	tatives)		s on beh	alf of m	y
8. I hereby authorize the following name candidacy. NOTE:This designation should (a) Name of Committee (in full) (b) Address (number and stree) (c) City, State and ZIP Code	DESIGNATION OF OT (Including Joined committee, which is NOT multiple) the filed with the principal car	HER AUTHORIZED pint Fundraising Represently principal campaign committee.	tatives)	expend fund:			
8. I hereby authorize the following name candidacy. NOTE:This designation should (a) Name of Committee (in full) (b) Address (number and stree) (c) City, State and ZIP Code	DESIGNATION OF OT (Including Journal of the committee), which is NOT of the filed with the principal care.	HER AUTHORIZED pint Fundraising Represently principal campaign committee.	tatives)	expend fund:			
8. I hereby authorize the following name candidacy. NOTE:This designation should (a) Name of Committee (in full) (b) Address (number and stree) (c) City, State and ZIP Code	DESIGNATION OF OT (Including Journal of the committee), which is NOT of the filed with the principal care.	HER AUTHORIZED pint Fundraising Represently principal campaign committee.	tatives) tee, to receive and	expend fund:			
8. I hereby authorize the following name candidacy. NOTE:This designation should (a) Name of Committee (in full) (b) Address (number and stree) (c) City, State and ZIP Code I certify that I have	DESIGNATION OF OT (Including Joined committee, which is NOT multiple) the filed with the principal card (Including Joined Committee, which is NOT multiple) the filed with the principal card (Including Joined Committee)	HER AUTHORIZED oint Fundraising Represently principal campaign committee.	tatives) tee, to receive and edge and belief it Date 05/18/2011	expend funds	rect, an	d com	olete.
8. I hereby authorize the following name candidacy. NOTE:This designation should (a) Name of Committee (in full) (b) Address (number and stree) (c) City, State and ZIP Code I certify that I have Signature of Candidate Joseph S. Donnelly	DESIGNATION OF OT (Including Joined committee, which is NOT multiple) the filed with the principal card (Including Joined Committee, which is NOT multiple) the filed with the principal card (Including Joined Committee)	HER AUTHORIZED oint Fundraising Represently principal campaign committee.	tatives) tee, to receive and edge and belief it Date 05/18/2011	expend funds	rect, an	d com	olete.

(3)

 \odot

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUM	ENT WAS:		
HAND DELIVERED 05	5-19-11		_
	Date of Receipt		
USPS FIRST CLASS MAIL_		·k	
	•		
USPS REGISTERED/CERTI	FIED		
	Postmai	·k	
USPS PRIORITY MAIL			
DELIVERY CONFIRMATION OF	Postmai R SIGNATURE CONF	·k	
USPS EXPRESS MAIL	<u>, </u>		
	Postmar	k	-
OVERNIGHT DELIVERY SI	ERVICE: HPPING DATE	NEXT BUSINESS	DAY DELIVERY
FEDERAL EXPRESS			
UPS			
DHL _			
AIRBORNE EXPRESS			
RECEIVED FROM FEDERA	L ELECTION CO		e of Receipt
POSTMARK ILLEGIBLE	NO PO	STMARK []	
FAX	Receipt		
Date of	Receipt	•	
OTHER			
Date of	Receipt or Postmark	- .	
PREPARER 41	· ·	ATE PREPARE	05.9-11



